



Savings for Qualified Beneficiaries



**Help in Paying
Medicare Expenses
Available to Some
Low-Income Persons**

Medicare Savings For You

If you are elderly and poor, or disabled and poor and eligible for Medicare, your State may pay some or all of your Medicare expenses.






Federal law requires that State Medicaid programs pay Medicare costs for certain elderly and disabled persons with low incomes and very limited assets. What this means is that, depending on your income and the value of things you own, you will not have to pay as much money out of your own pocket for hospital, physician and other services covered by Medicare. You could save hundreds if not thousands of dollars each year.

Two Programs Offer Help

There are two programs to help people pay their Medicare expenses. One is called the “Qualified Medicare Beneficiary” or “QMB” program. The other is called the “Specified Low-income Medicare Beneficiary” or “SLMB” program.

The QMB program is for persons with limited resources whose incomes are at or below the national poverty level. It covers the costs of the Medicare premiums, coinsurance and deductibles that Medicare

beneficiaries normally pay out of their own pockets. If you qualify for assistance under the QMB program, you will not have to pay:

-  Medicare's hospital deductible, which is \$736 per benefit period in 1996.
-  The daily coinsurance charges for extended hospital and skilled nursing facility stays.
-  The Medicare Medical Insurance (Part B) premium, which is \$42.50 per month in 1996.
-  The \$100 annual Part B deductible.
-  The 20 percent coinsurance for services covered by Medicare Part B, depending on which doctor you go to.

The State would cover these Medicare cost-sharing amounts for you. You would only be responsible for paying for the various medical supplies and services not covered by Medicare, such as routine physicals, dental care, hearing aids and eyeglasses. And, if required by your State, you would also be liable for nominal cost-sharing amounts each time you went to the doctor or used other benefits that required copayments.

While the QMB program helps those whose income is at or below the national poverty level, the SLMB program is for persons whose incomes are slightly higher than the poverty level, but not more than 20 percent higher. If you qualify for assistance under the SLMB program, you will not have to pay:

-  The \$42.50 monthly Part B premium.

The State will pay the premium for you. You will, however, continue to be responsible for Medicare's deductibles, coinsurance, and for charges for health care services and medical supplies not covered by Medicare.

How Do I Qualify?

The rules may vary from State to State but, in general terms, to qualify for assistance under the QMB program, you must meet the following requirements:

1. You must be entitled to Medicare Part A. If you do not have Part A or do not know whether you are entitled to Part A, check with any Social Security Administration office or call 1-800-772-1213.

Most people are entitled to Part A based on their own employment or the employment of a spouse. Even if you or your spouse did not work or did not work long enough to entitle you to Part A, your State may buy it for you.

If you are under 65, you can get Part A if you are on kidney dialysis or have undergone a kidney transplantation. You can also get Part A if you have received disability benefits from either the Social Security Administration or the Railroad Retirement Board for more than 24 months.

2. Your financial resources such as bank accounts, stocks and bonds cannot exceed \$4,000 for one person or \$6,000 for a couple. Some things—like the home you live in, one automobile, burial plots, home furnishings, personal jewelry and life insurance—usually do not count as resources.
3. Your income must be at or below the national poverty level. The **QMB** monthly income limits in 1996 are:

All States except Alaska and Hawaii
\$665 (individual) \$884 (couple)

Alaska: \$825 (individual)
 \$1,099 (couple)

Hawaii: \$763 (individual)
 \$1,014 (couple)

Income includes, but is not limited to, Social Security benefits, pensions and wages. Interest payments and dividends can also count as income.

What If My Income Is Slightly Higher Than the Poverty Level?

If you do not qualify for **QMB** assistance because your income is too high, you may be able to get help under the **SLMB** program. To qualify for **SLMB** assistance, you must meet requirements one and two listed under the previous section.

Also, your income cannot exceed the national poverty level by more than 20 percent. This means that in 1996 the **SLMB** monthly income limits are:

All states except Alaska and Hawaii
\$794 (individual) \$1,056 (couple)

Alaska: \$986 (individual)
 \$1,314 (couple)

Hawaii: \$912 (individual)
 \$1,213 (couple)

Where Do I Apply?

If you already have Medicare Part A and think you qualify for either **QMB** or **SLMB** assistance, you must file an application for Medicaid at a State, county, or local medical assistance office—not a Federal office. You can get the telephone number for your medical assistance office by calling **1-800-638-6833**.

Give the operator the name of your State and county. Explain that you want the telephone number for the nearest office that can help you file for assistance under either the Qualified Medicare Beneficiary or Specified Low-Income Medicare Beneficiary program.

What If I'm Not Covered By Medicare Part A?

If you are age 65 or older and think you qualify for this assistance but do not have Medicare Part A, you should first contact a Social Security Administration office. You may need to file an application for Part A. The address for the nearest Social Security Administration office can be found in the telephone book. Social Security's toll-free telephone number is 1-800-772-1213.

What Do I Ask For?

When you contact your medical assistance office, ask about the **QMB** or **SLMB** program or the “Medicare Buy-In” program. Explain that you think you qualify for help in paying your Medicare costs and you want to know when and where you can file an application for Medicaid.

What Should I Bring With Me?

When you file an application for Medicaid, be prepared to answer questions about your income, property you own, and other assets. You will be expected to have copies of documents like bank statements, property deeds and insurance policies that show the amount of cash you have and the value of things you own.

Verification of your enrollment in Medicare Part A and of your income and assets will be important in determining your eligibility for assistance. As your application is processed, you may be required to go through a face-to-face interview with a Medicaid caseworker.

If Your Application Is Denied

If your application for assistance under either the **QMB** or **SLMB** program is denied, you have a right to appeal within 30 days of the denial. You file an appeal at the place you filed your Medicaid application. You are guaranteed a hearing.

If you need assistance or advice, you may want to contact your State agency on aging. Assistance also may be available from the Legal Aid or Legal Services office in your State. These offices provide free legal services to people whose incomes are within certain guidelines.

The telephone numbers for all State offices can be found in the telephone directory under “State Government.”

For More Information About Medicare

For more information about the Medicare program, please refer to *Your Medicare Handbook*. Copies are available from any Social Security Administration office.

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